

Reinstatement of Inactive Practitioners for the The Kansas State Board of Mortuary Arts

DATE: _____

NAME: _____

ADDRESS: _____

Funeral Director License Number _____ Embalmer License Number _____

Having been granted a waiver of compliance and a certificate of exemption as an Inactive Practitioner, I am applying for reinstatement of the above named license(s).

- (1) Within one year of reinstatement, I agree to make-up all past continuing education hours for all the years in inactive licensure. Hours due are figured at six (6) hours per year or twelve (12) hours every licensing period.
- (2) Failure to comply with section 1 will result in automatic termination of active status.

The Board will notify you of the number of continuing education hours due within one-year of the filing of this application.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

State of _____, County Of _____, ss.

(Signed) _____

(Address) _____

(City, State, Zip) _____

(County) _____

